



Safety Order Review Form



This form is to be completed by the subject of a School Community Safety Order (order) and/or relevant persons assisting the subject who wish to have a decision regarding an order reviewed.

This form must be received by the designated reviewer as soon as practicable after an order is issued.

It is important that you keep a copy of this form for your records.

School Information

School name:	
Principal:	
Authorised person	

Student Information

Name:	
Date of birth:	
Gender:	
Year level:	

Subject Information

Name:			
Address:			
Phone:		Email:	
Support needs:	<i>Do you require any specific assistance to participate in a meeting?</i>		

Carer's/relevant person's Information

Name:			
Date of birth:			
Phone:		Email:	

Incident Information

Please provide brief details of the circumstances leading to the issuing of the order by the authorised person:

Reason/s for Review

There have not been sufficient interventions/strategies utilised prior to the decision to issue the order. Yes/No

The grounds on which the order was issued are unfair. Yes/No

Other extenuating circumstances. Yes/No

Subject's signature: _____

Carer's / relevant persons' signature: _____

Date: _____

Responsible director	Director of Learning and Regional Services
Policy owner	General Manager, Legal and Professional Standards
Approving authority	Director, Learning and Regional Services
Approval date	14 September 2022
Date of next review	September 2024